# Indiana Department of Environmental Management Voluntary Remediation Program Application and Instructions

#### How Is the Information I Submit Used?

The information provided on the Application is used to determine an Applicant-s eligibility for participation in the Voluntary Remediation Program (VRP). It also serves as an initial summary of site conditions, defines the scope of the investigation/remediation, and identifies both the contaminants and media targeted for remediation efforts. The Application assumes that the applicants have already done an Environmental Site Assessment or similar investigation.

These instructions pertain to the Voluntary Remediation Program Application Form 472710 (R2 / 8-01). The VRP application must be completed providing all requested information as currently known to the applicant. Failure to provide the requested information is grounds for application rejection. The application and its information will receive confidential treatment until the Voluntary Remediation Agreement (VRA) is signed. Neither the application nor any information which comes from this application will be made available to the public until the VRA is signed.

The application may be filled out in different ways. You may fill the application out by hand, type it or complete it on your word processor. At this time, VRP is not capable of taking your application on-line due to the signature requirement.

#### **Application Fee**

Indiana Code 13-25-5-2 establishes a \$1,000.00 fee that must be submitted along with the completed Application Form. However, a political subdivision is not required to submit an application fee. The VRP cannot process the Application until a program applicant submits the fee. Please make checks payable to the *Voluntary Remediation Program Fund* and reference Account # 2680-110000-421400 in the check memo blank.

# Where Should I Send My Application?

Send a brief cover letter, two (2) copies of the completed Application Form (both with original signature) and the application fee to:

Indiana Department of Environmental Management
Cashiers Office IGCN-1340
100 N. Senate Ave
P.O. Box 7060
Indianapolis, Indiana 46207-7060
(317) 233-0604

\*If you require assistance in filling out the Application Form, please contact the Voluntary Remediation Program at (317) 234-0973 or (800) 451-6027.

#### What Happens to the Application?

Upon receipt, the Cashier-s Office will process the application fee. They will generate and provide a receipt to the applicant, and assign a unique project number to the application. The application is then sent to the VRP to begin an internal enforcement check. This enforcement check consists of contacting other IDEM programs and inquiring about the proposed VRP project and any enforcement actions which may be pending.

If any of the following apply to the proposed VRP project, then the application may be rejected:

- \$ A state or federal enforcement action concerning the proposed cleanup is pending;
- \$ A federal grant compels IDEM to take enforcement action;
- \$ Conditions at the site are considered an imminent and substantial threat to human health or the environment; or
- \$ The application is incomplete

# How Long Will it Take to Process My Application?

VRP has 30 days to determine the eligibility of an applicant. Incomplete applications will be returned to the Applicant within 45 days of receipt, with the missing information identified. After revisions, Applicants may resubmit the form. Upon approval, the VRP will send a formal letter identifying the assigned VRP project manager and project number to the applicant-s contact as listed on the application.

# **Voluntary Remediation Program Application Instructions**

General Information (located in the upper right hand corner)

Project Number - For IDEM Internal Use Only, please leave blank

# Section 1 - VRP Project Information

**Voluntary Remediation Applicant -** The applicant is the person or group who is guiding the remedial activities at the site and will receive the Covenant Not To Sue upon completion of remediation activities. Indicate the name, mailing address, city, state, zip code, telephone number, fax number and e-mail address (if applicable) of the applicant. (If this site has multiple applicants, please supply a Co-Applicant Attachment page from Section 3 *for each* additional applicant.) Please be accurate: the Certificate of Completion and Covenant Not To Sue will be issued under the name **exactly** as it appears on the application form.

**Applicant**-s **Billing Contact** - Complete this section with the proper billing address for the applicant. This contact will receive the cost recovery invoices from IDEM for payment. If the applicant-s billing contact is the same as the applicant, please indicate this by marking the circle.

VRP Project Name and Location - This is the name and address of the facility that will be the subject of the remediation as listed in official records (Examples: Smith Chemical; Former Jones Service Station; or Metals-R-Us Waste Lagoon #2). If precise street address is unavailable, enter a brief direction identifier, e.g., NW jct I-295 & US23. Please see <a href="Attachment C">Attachment C</a> for providing the proper UTM Coordinates. Also provide the EPA ID# in the space provided. Provide any existing facility federal identification number (EPA hazardous waste generator or CERCLIS). This should be a 9 digit number starting with IND. If unknown or does not apply, please so state.

**Applicant Technical Contact** - Identify the contact person responsible for overseeing the implementation of remedial activities at the facility. All correspondence from the VRP will be sent to the person identified.

**Applicable Facility Standard Industry Code & Description -** Identify the Standard Industrial Classification (SIC) associated with the facility's operations along with a written description (SIC Code Descriptions can be provided). **Anticipated Future Facility Use -** Indicate the most likely future use of the site.

**Years of Current Facility Operation -** If known, provide the years of current facility operation. If known, provide the total years the site has been utilized by current and historic operations or activities. Check AUnknown@if years of operation are unknown.

**Current Facility Status -** Indicate the site-s current operational and transactional status. Check all that may apply. **Official State Date Stamp-** Please leave blank.

Other IDEM Offices- Please identify if the site in question has any connection to any other IDEM offices (current or historic). If Yes, please fill in the corresponding attachment page(s) in Section 3 and supply as Attachment D. Ultimate Goal of Remediation Action - Indicate area(s) of voluntary remediation efforts. If a portion of the facility is slated for remediation, then the area should be identified on an appropriate site map(s) and provided as <a href="Attachment A">Attachment A</a> to the Application. A professional survey of the area can also be provided as supplemental information in <a href="Attachment B">Attachment B</a>. Program participants must eventually supply a professional survey in the Completion Report at the end of the project. This information will be reflected in the Certificate of Completion and Covenant Not To Sue.

**Contaminant Source Size -** If known, please indicate the horizontal source area. This information is useful for determining the level of investigative effort along with appropriate project completion requirements. Contaminant source size is determined by measuring the length of the longest distance between soil borings or monitoring wells at which the contaminants of concern are less than or equal to the Tier I Residential 0.5 acre cleanup level. This distance is squared and the resulting area is compared to the 0.5 acre area (21,780 ft²). If the distance is greater than 148 feet, then the source size is greater than 0.5 acres. If unknown, please check the appropriate oval.

Known or Anticipated VRP Project Hazards/Conditions - Mark the appropriate oval(s) to indicate the hazards posed by the VRP project, or its contaminant(s). If the VRP project or its contaminant(s) pose no unusual hazard, mark ANone@. Project Investigation Status - Indicate status of any site investigation as related to contaminant and/or area to be voluntarily remediated at time of program application.

**Project Remediation Status -** Indicate status of any site remediation as related to contaminant and/or area to be voluntarily remediated at time of program application.

**Site Tax Status-** Please indicate if the site is applying for a State Tax Credit and if the site may receive a waiver of state taxes.

#### State Form 47271 (R2 / 8-01): Instructions

**Documents Anticipated To Be Submitted for VRP Review -** Please indicate the anticipated documents that will be reviewed by the VRP. The requested level of VRP effort will be reflected in the VRP oversight cost estimate provided with the Voluntary Remediation Agreement. Both the Remediation Work Plan and the Remediation Completion Report are standard program documents and <u>must</u> be submitted by <u>all</u> applicants.

**Property Ownership-** Please indicate if you (applicant) own this site and if not, whether you have legal access to it. **Constituents of Concern, Media and Cleanup Goals-** Use the supplied table to indicate the Constituents, Media, Cleanup Goals and Guidance that have been selected for this project. Answers are non-binding and can be altered at a later date. This information will be ultimately reflected on both the Certificate of Completion and The Covenant Not To Sue. \*Please see following example....

\*Site wishes to enter the VRP to achieve RISC Nondefault closure for VOCs in Soils and Groundwater using the RISC Guidance. (See below)

# RISC GUIDANCE

CONSTITUENTS OF CONCERN	MEDIA	Residential Default	Non-Residential Default	Nondefault	Undetermined
	Surface Soils			х	
VOCs	Subsurface Soils			х	
	Groundwater			х	
	Sediments				

**Local Drinking Water Supply -** Indicate the source(s) of local drinking water closest to the facility. This must include, at a minimum, all adjoining properties and communities. Indicate whether municipal and/or private/residential water supplies. **Local Drinking Water Supply Distance From Facility -** Please identify the distance from the facility to the previously identified *closest* drinking water source.

**Local Surface Water Bodies Near Facility -** Indicate the closest type of surface water body that may be near the facility. **Local Surface Water Bodies Distance From Facility -** Please identify the distance of this water body from the facility. **On-Site Water Supply and Usage-** Please identify the types of on-site water supply and usage.

**Site Specific Depth to Ground Water -** Use information already gathered from previous site investigation(s). If unknown, please mark the oval.

Site Specific Principle Ground Water Flow Direction - Use information already gathered from previous site investigation(s). If unknown, please mark the oval.

**Chronological Summary and Conclusions -** Provide the following information in as much detail as space allows. Use all headings. A lack of a response will jeopardize the application's completeness.

**Facility Operational History -** Indicate past operational activities associated with the facility. If known, please identify all companies, years of operation and type of operations for the past 50 years.

**Past Spill History** - Identify all past spill incidents associated with the facility that relate to the contaminant(s) targeted for this project. Please include dates and IDEM incident numbers assigned to the spill and cleanup status. If the facility has no spill history, mark the oval and do not write in the spaces provided.

**Geologic Information -** Indicate, where known and preferably from previous site specific investigation(s), basic soil information. To include, but not belimited to, the following items: site soil stratigraphy, lithologic descriptions or USDA soil textures, Munsell soil color, sedimentary contacts, etc.

**Hydrogeological Information -** Indicate, where known and preferably from previous site specific investigation(s), basic hydrogeological information, to include, but not be limited to, the following items: depth to groundwater, flow direction, hydraulic conductivity, transmissivity, storativity, confined or un-confined conditions, porosity, average linear velocity, etc.

## State Form 47271 (R2 / 8-01): Instructions

**Off-Site Migration and Pathways -** Identify all known and potential off-site contaminant migration and preferential migration pathways (utility lines, sand seams, etc.). If no off-site impacts are known, mark the oval and do not write in the spaces provided.

**Miscellaneous Environmental Information -** Please mark the ovals that identify informational resources that were used to assist in completing this application. Include report titles and dates. Indicate if an imminent or substantial threat resulting from the contaminants described in the application is present. Give explanations if needed, and proceed with steps to mitigate the threat. If additional space is necessary, please attach a bibliography as an Attachment.

#### Section 2 - Statement of Certification

**Statement Of Certification -** Before signing the application, please read the highlighted box. <u>All applications must be</u> signed and dated in ink. No signature photocopies will be accepted.

#### Attachment Information:

**Attachment Information -** The application <u>will not</u> be considered complete unless the information asked for in the following attachments is provided.

Attachment A: VRP Project Map - All facilities are required, at a minimum, to provide a map of the facility. Map(s) must include, but are not limited to, the following: illustrated legends and compass directions; an appropriate scale to depict the VRP project area; identified above ground features (buildings, roadways, property lines, etc.); if known, horizontal and vertical plume identification; geologic cross sections showing the watertable and vertical plume identification; groundwater flow direction; sample locations along with concentrations, etc.

Attachment B: Legal Description - Provide a clean copy (without company headers, footers, or watermarks) of the legal description of the entire facility. If a portion of the facility is slated for remediation, then the area must be identified on an appropriate site map(s) and that area-s legal description will have to be provided in either written or digital format (please include the facility street address, township, range, section, direction lines, distances, etc...). A professional survey or GPS collected UTM coordinates of the area can also be provided as supplemental information. If currently not available, program participants must supply a professional survey or GPS coordinates in the Completion Report at the end of the project. This information will demonstrate the area(s) covered by the Certificate of Completion and Covenant Not To Sue.

Attachment C: Facility UTM Coordinates - IDEM staff request that contractors, consultants and/or responsible parties submit Universal Transverse Mercator (UTM) coordinate(s) (easting and northing) for each VRP facility. All facilities are asked to provide coordinates for at least one *property access point* (i.e. driveway, property gate) along the property boundary. This information will be used in IDEMs Geographic Information System and is required to meet EPAs Locational Data Policy. The UTMs can be collected using: 1) Global Positioning System (GPS) mapping grade equipment, 2) GPS survey grade equipment, 3) Topographic map interpolation, or 4) traditional surveying.

If GPS equipment is used then the following information must be provided by the contractor and reflected in <u>Attachment C</u>:

1) How the UTM was collected (i.e. GPS); 2) Where was the UTM collected (at common property access point - front gate);
3) Accuracy of the UTM; 4) Date the UTM was collected; 5) GPS Model used; 6) GPS data postprocessed (yes or no); 7)

Manufacturer=s GPS accuracy specifications; 8) Datum (should be NAD83); and 9) Zone (should be 16).

Accuracy information should be provided for all UTMs regardless of how they are collected. This information is required to meet the Federal Spatial Data Transfer Standard (SDTS) and IDEM=s Method Accuracy Description (MAD) Information Coding guidance.

**Attachment D:** This is made up of any additional pages required by the application from Section 3. This could include Co-Applicant Page(s), or any of the pages supplying information on other IDEM offices that may be connected to this site.